SBI MUTUAL FUND
A PARTNER FOR LIFE

March 2024

SIP ENROLMENT CUM ONE TIME DEBIT MANDATE FORM

New investors subscribing to the scheme through SIP must submit this Form alongwith Common Application Form

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.
ARN-79158				E027845	

Declaration for "execution-only" transaction (only where EUIN box is left blank) :* I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/ relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGNATURE(S)			
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor

INVESTOR DETAILS

Folio No./Application No.

Name of 1st Applicant

SIP Cheque No/s :

	1	2	3
Scheme Name			
Plan	☐ Regular ☐ Direct	☐ Regular ☐ Direct	☐ Regular ☐ Direct
Option	☐ Growth ☐ IDCW Frequency	☐ Growth ☐ IDCW Frequency	☐ Growth ☐ IDCW Frequency
Income Distribution cum Capital Withdrawal (IDCW) Facility	☐ Reinvest ☐ Payout	☐ Reinvest ☐ Payout	☐ Reinvest ☐ Payout
Each SIP Instalment Amount (₹)			
SIP Frequency	☐ Monthly (Default) ☐ Quarterly ☐ Daily ☐ Weekly ☐ Half - Yearly ☐ Annual	☐ Monthly (Default) ☐ Quarterly ☐ Daily ☐ Weekly ☐ Half - Yearly ☐ Annual	☐ Monthly (Default) ☐ Quarterly ☐ Daily ☐ Weekly ☐ Half - Yearly ☐ Annual
SIP Date (for Monthly, Quarterly, Half-Yearly & Annual)	☐ 1st ☐ 15th ☐ 30th (For February, last business day) ☐ 5th ☐ 20th ☐ 10th (Default) ☐ 25th (Any other date from 1st to 30th)	☐ 1st ☐ 15th ☐ 30th (For February, last business day) ☐ 5th ☐ 20th ☐ 10th (Default) ☐ 25th (Any other date from 1st to 30th)	☐ 1st ☐ 15th ☐ 30th (For February, last business day) ☐ 5th ☐ 20th ☐ 10th (Default) ☐ 25th (Any other date from 1st to 30th)
(for Weekly Fixed Date or Day)	☐ Fixed dates (1,8,15,22) OR ☐ Any Day (Default) (Monday to Friday)	☐ Fixed dates (1,8,15,22) OR ☐ Any Day (Default) (Monday to Friday)	☐ Fixed dates (1,8,15,22) OR ☐ Any Day (Default) (Monday to Friday)
SIP Period	From M M Y Y Y Y To M M Y Y Y Y OR ☐ 3 yrs ☐ 5 yrs ☐ 10 yrs ☐ 15 yrs ☐ 20 yrs ☐ 40 yrs (Select any one)	From M M Y Y Y Y To M M Y Y Y Y OR ☐ 3 yrs ☐ 5 yrs ☐ 10 yrs ☐ 15 yrs ☐ 20 yrs ☐ 40 yrs (Select any one)	From M M Y Y Y Y To M M Y Y Y Y OR ☐ 3 yrs ☐ 5 yrs ☐ 10 yrs ☐ 15 yrs ☐ 20 yrs ☐ 40 yrs (Select any one)

☐ **Use Existing One Time Debit Mandate (if already registered in the Folio)**

Bank Name Bank A/c No

TOP-UP SIP (Select anyone % or Amount)

	1	2	3
Top-Up Percentage (in multiples of 5% only)	☐ 5% ☐ 10% OR ☐ Other	☐ 5% ☐ 10% OR ☐ Other	☐ 5% ☐ 10% OR ☐ Other
OR	OR	OR	OR
Top-Up Amount Rs. (in multiples of Rs. 500 only)	Amount Rs.	Amount Rs.	Amount Rs.
Top-Up Frequency	☐ Half - Yearly ☐ Annual	☐ Half - Yearly ☐ Annual	☐ Half - Yearly ☐ Annual

TOP-UP SIP CAP (Investor has to choose only one option)

Top-Up SIP CAPAmount ₹ (maximum SIP installment including Top-Up amount)			
OR			
Top-Up SIP CAP Month-Year	M M Y Y Y Y	M M Y Y Y Y	M M Y Y Y Y

DECLARATION : I/We hereby declare that the particulars given in this mandate form are correct and express my/our willingness to make payments towards investment in the schemes of SBI Mutual Fund. I/We hereby confirm and declare that the monies invested by me in the schemes of SBI Mutual Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"). I/We are aware that SBI Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform SBI Mutual Fund/RTA about any changes in my/our bank account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addendum issued from time to time of the respective Scheme(s) of SBI Mutual Fund. I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form.

SBI MUTUAL FUND
A PARTNER FOR LIFE

ONE TIME DEBIT MANDATE FORM (OTM)

UMRN Date D D M M Y Y Y Y

Sponsor Bank Code Utility Code

CREATE ✓
MODIFY
CANCEL

I/We, hereby authorize **SBI Mutual Fund**

To debit (Please ✓) ☐ SB / CA / CC / SB-NRE / SB-NRO / Other

Bank A/c No.

with Bank Bank Name IFSC OR MICR

an amount of Rupees ₹

FREQUENCY: ☒ ~~Weekly~~ ☒ ~~Monthly~~ ☒ ~~Quarterly~~ ☑ As & when presented

DEBIT TYPE : ☒ ~~Fixed Amount~~ ☑ Maximum Amount

Folio No.: Moblie No.:

Appln No. : Email ID:

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From

To

Signature of 1st Bank Account Holder	Signature of 2nd Bank Account Holder	Signature of 3rd Bank Account Holder
Name as in Bank records	Name as in Bank records	Name as in Bank records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I/We are authorizing the User entity/Corporate to debit my account, based on the instruction as agreed and signed by me/us. I/We have understood that I/ we are authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity /Corporate or the bank where I/We have authorized the debit.